	ORDER FOR S	UPPLIES OR	SERVIC	CES				PAG	GE I OF
									8
1. CONTRACT/PURCH. ORDER/	2. DELIVERY ORDER/ CAL	NO. 3. DATE OF ORI	DER/CALL	4. REQ./ PU	JRCH, REQ	JEST NO.		5. PRIORI	TY
AGREEMENT NO. DAKF11-99-D-0005-	0020	2000Feb07	,	ED2020	-0014-136	SM		1	
		<u> </u>		, DEGEO					
6. ISSUED BY		7. ADMINISTEREI	D BY		C	ODE		8 DELIA	ERY FOB
ARMY ATLANTA CONTRAINSTALLATION, LOGISTIC CONTRACTS 1309 ANDERSON WAY ST FORT MCPHERSON GA	CS, & ENVIRONMENTAL	SEE ITEM	1 16					X O	EST THER edule if other)
9. CONTRACTOR	CODE 6G280	FACILITY	T	10. DI		FOB POINT BY	(Date)	1	CIF BUSINESS IS
STANLEY ASSOCIATES I RALPH I. SEBACHER	NC		L	12. DI	SEE S	RMS			ALL
300 N WASHINGTON STE	REET							l H _{DI}	SADVANTAGED OMEN-OWNED
SUITE 400 ALEXANDRIA VA 22314-2	2121			13. N	AIL INV	OICES TO T	HE ADD	1_1_1	
ALEXAIVENIA VIV. 22514-1				See	schedule	;			
14. SHIP TO	CODE	15. PAYMENT WIL	L BE MAD	E BY	CODE	F7230G			
SEE SCHEDULE		DEFENSE FINAN 1111 EAST MILL SAN BERNARDIN	STREET		NG SERV	/ICE		PAC PA IDE NU	IARK ALL CKAGES AND PERS WITH NTIFICATION UMBERS IN CKS I AND 2.
16. DELIVERY/ X	This delivery order/call is issued on another Go	ovt. agency or in accordance	with and subjec	t to terms and	conditions of	f above numbered	I contract		
OF PURCHASE	Reference your quote dated					Furnish the fo	llowing on	erms specific	ed herein.
NAME OF CONTRAC	ACCEPTANCE. THE CONTRACTO ORDER AS IT MAY PREVIOUSLY AND CONDITIONS SET FORTH, A	HAVE BEEN OR IS	NOW MOD	IFIED, SUI E SAME.	ВЈЕСТ ТС	AME AND T	E TERM	S PURCH.	DATÉ SIGNED
							(YYYYMMMDD)		
 	pplier must sign Acceptance and return	· ·	of copies:						
See Schedule	PROPRIATION DATA/ LOCAL USE								
18. ITEM NO.	19. SCHEDULE OF SUPPLIE	S/SERVICES		20. QUAÑ ORDE ACCE	ı	21. UNIT	22. UNI	T PRICE	23. AMOUNT
	SEE SCHEDULI	E			_	"			
* If quantity accepted by the Governm quatity ordered, indicate by X. If diffe	REAL IS SHAPE US	TTED STATES OF AN	MERICA					ΓΟΤΑΙ	\$10,995.97
quantity accepted below quantity orde	1 20/2	there E. Williams	rmam.	NTRACTIN	G / ORDERI	NG OFFICER	29. DIFF	ERENCES	
26. QUANTITY IN COLUM	N 20 HAS BEEN		27. SHIP	NO.	28. DO V	OUCHER N		TALS	
	CEIVED ACCEPTED, AND CO	AS NOTED		RTIAL VAL	32. PAID	BY	33.		VERIFIED OR
DATE	SIGNATURE OF AUTHORIZED O	OVT. REP.	31. PAYN				34.	CHECK N	UMBER
36. I certify this account is cor	SIGNATURE AND TITLE OF CER	TEVING OFFICER	PA	MPLETE RTIAL VAL			35.	BILL OF I	ADING NO.
					41.00	COOLETE	0 1.2	No vove	UITO NO
37. RECEIVED AT 33	8. RECEIVED BY 39.	DATE RECEIVED (YYYYMMMDD)	40. TÖTA CONT	TAINERS	41. 5/R A	ACCOUÑT N	O. 42.	s/k VOU(CHER NO.
DD Form 1155, JAN 1998	(EG)	PREVIOU	S EDITION	MAY BE	USED.		· · · · · · · · · · · · · · · · · · ·		

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DAKF11-99-D-0005-0020		OF	8	
NAME OF OFFEROR OR CONTRACTOR STANLEY ASSOCIATES INC					

This is a cost plus fixed fee task order to support WRAB for logistic support services for the AIM-7 and AIM-9 supporting Jordanian Air Force. Performance shall be at contractor facility and WRAFB, GA. Logistical support services include logistical task areas 1, and 2. Contractor shall invoice per instructions in the schedule.

1. Final Cost proposal is hereby accepted and placed in the official file for this task order.

PERFORMANCE PERIODS:

PERIOD	DATES
Base Period	Feb 18, 2000 – Apr 30, 2000

3. OBLIGATED FUND RECAP:

ACRN AA and AB CLINs 0003, 0004 and 0005 are funded for total amount of \$10,995.97 under MIPR No. FD2020-0014 136

4. INVOICING INSTRUCTIONS:

- a. The contractor shall submit original plus one copy of invoice [SF 1034] Public Voucher for Purchases and Services, through their cognizant DCAA to the Contracting Officer at address in Block 6.
- b. Submit one "copy" of the SF 1034 to the primary task order monitor as identified in the performance Work Statement. Invoices shall not be submitted more often than once every two weeks.

Cost plus fixed fee award vouchers shall be submitted pursuant to FAR 52.216-7, and shall, as a minimum, include the following documentation.

- a. The total price for the current billing period and the cumulative billed for the current fiscal year. These costs shall be shown by CLIN or sub-CLIN level.
- b. Include supporting documentation, by CLIN, for amounts invoiced. Supporting documentation must be broke-out in detail to substantiate the total amount requested for reimbursement.
- c. Travel costs shall be broken out by occurrence, with itinerary, dates of travel, number and category of employee travel, per diem costs, transportation costs. Include the government approval with supporting documentation. Travel shall be in accordance with FAR part 31.205-46 and per diem rates will be in accordance with the Joint Travel Regulation.